



Film Crew Advancement Program (FCAP)

Participant Application

**Attention: submit this completed application to your production office.*

COMPANY NAME: _____ Project Title: _____

Check Project Type: Cable/TV Movie Cable/TV Series Studio Feature Independent Film Other _____

Last Name, First Name (Print): _____

Are you a New Mexico veteran? (please circle)? YES NO

Military Association: _____

Home Address/City/Zip: _____

Last 4 digits of SSN: ___ - ___ - ___ - ___ Email: _____

Primary phone: _____ Secondary phone (optional): _____

Job Title/Position: _____ Department: _____

Brief Description of Responsibilities: _____

Is New Mexico your primary residence (please circle)? YES NO How long have you lived in NM? _____ (years)
*if 1 year of residence or less please include a copy of your drivers license

Employment Start Date: ____ / ____ / ____ Hourly Rate: _____ Min. Hours per Day: _____

Please check "yes" or "no" to the following questions:

YES NO

- Are you a Veteran or Reserve Component Member?
- Have you signed up with New Mexico Department of Veteran Services?
- Have you attended an Operation Soundstage Training?
- Have you ever participated in the FCAP program in any job position?

If yes, please list job positions/productions: _____

YES NO

- Have you previously worked in this specific position or in a higher position on a project where the budget was over five hundred thousand dollars (\$500,000.00)?
 - Have you ever worked in a higher-level position within this department?
 - Do you have any previous work experience in this craft department?
 - Will you be supervising any other crewmembers on this project?
 - Are you a member or applicant to a film union or guild?
If yes, please list: _____
- Attach your resume to this application or list the names of the production companies for whom you have worked with in this department.
- List any film-related, professional affiliations of which you are a member and any certifications, courses or degrees which you have completed that pertain to the position in which you have been or will be hired: _____
- _____
- _____

Mentor's Name: _____ Mentor's Job Title: _____

Mentor's Phone: _____ Mentor's Email: _____

Mentor's Residence (City/State): _____ Last 4 digits of SSN: _____ - _____ - _____ - _____

Name of Immediate Supervisor (if different): _____

By signing this form, I hereby declare and certify the above information to the best of my knowledge is true, correct and complete in all aspects:

Participant Signature: _____

Date: _____

Print Name: _____

**Designated positions for Operation Soundstage: Locations PA, Catering PA, Office PA, Set PA, Accounting Clerk, Producer's Assistant and Director's Assistant. Additional positions may be considered prior to employment.*